



**Bureau of Water Protection and Land Reuse
Remediation Division**

Date Stamp
(DEP Use Only)

Completion of Investigation Transmittal Form

Pursuant to CGS Section 22a-134a(g)(1)

Part I of this form must be completed and signed by the Certifying Party of the Form III filed with the Connecticut Department of Environmental Protection (Department) pursuant to CGS Section 22a-134a(c). Part II of this form must be completed and signed and sealed by the LEP on record. This transmittal form and the final site investigation report must be submitted to the Department to document that the investigation of the parcel has been completed in accordance with CGS Section 22a-134a(g)(1), as amended by PA 07-233.

This form is a cover to transmit the final site investigation report. A report on the completed investigation of the parcel must be attached to this transmittal form, as well as all other applicable documentation which demonstrates that the investigation of the parcel has been completed in accordance with prevailing standards and guidelines. The report must conform to all reporting requirements described in the 2007 Site Characterization Guidance Document (SCGD).

All sections of this form must be filled out, as applicable

PART I: GENERAL INFORMATION

Remediation ID No. (Rem#):

Site Identification

Establishment Name (as on Form III):

Establishment Address:

City/Town:

State:

Zip Code:

Description in Property Deed:

Recorded on page

of volume

of the Town of

land records, as lot

block

on map

in the Tax Assessor's Office.

Property Transfer Information

DEP USE ONLY

Type of transfer (check one):

☐ Business only

☐ Real Estate

Date of Transfer:

Date of Receipt of Notice that
Form III was complete:

Name of DEP Case Manager:

Date of
Acknowledgement:

Receipt of
Schedule:

Completion of
Investigation Form
transmitted on:

Submit this completed form and supporting documents to:

REMEDATION DIVISION, 2ND FLOOR,
BUREAU OF WATER PROTECTION AND LAND REUSE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET, HARTFORD, CT 06106 - 5127

Completion of Investigation Transmittal Form (continued)

Rem#:

PART I: GENERAL INFORMATION (continued)

List Additional Attached Documentation and identify supporting documents already on file with the Department.

DOCUMENT	DATED	PREPARED BY

Certifying Party Certification

"In accordance with Section 22a-134a(g)(1) of the CGS, as amended by Public Act 07-233, I submit this form and attached final site investigation report, approved in writing by a licensed environmental professional and other applicable documentation which demonstrates that the investigation of the parcel has been completed in accordance with prevailing standards and guidelines."

Printed Name of Signatory for Certifying Party

Title

Authorized Signature for Certifying Party

Date

Company:

Address:

City/Town:

State:

Zip Code:

Phone:

Additional Information (optional)

Completion of Investigation Transmittal Form (continued)

Rem#:

PART II: SITE SUMMARY

To be completed by the LEP

Groundwater Class:		Drainage Basin number:	
Distance to / location of nearest surface water body:			
Name of water body:		Type of water body:	
Surface Water Class:			
Wastewater Discharge (check appropriate box):			
<input type="checkbox"/> on-site septic/leachfield			
<input type="checkbox"/> sanitary sewer		NPDES Permit number:	
<input type="checkbox"/> municipal stormwater system		Stormwater Discharge Permit number:	
<input type="checkbox"/> other (specify):			
On-site groundwater use (check all that apply):	<input type="checkbox"/> Industrial	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Potable water
Abutting land uses (check all that apply):	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential <input type="checkbox"/> Agriculture
Sensitive receptor land use in vicinity (check all that apply):	<input type="checkbox"/> school <input type="checkbox"/> childcare facility <input type="checkbox"/> healthcare facility <input type="checkbox"/> recreational <input type="checkbox"/> other (specify):		
Bedrock Type:		Depth to Bedrock:	
Overburden Material:			
Depth to Water Table:		Groundwater Flow Direction:	
Seasonally low water table beneath elevation of bedrock surface anywhere on the site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Groundwater Flow Rate:		Hydraulic Conductivity:	
Description of establishment operations:			

Completion of Investigation Transmittal Form (continued)Rem#: **PART II: SITE SUMMARY (continued)****Findings**

Date Phase I ESA completed:	Number of AOCs identified:
Date Phase II investigation completed:	Number of AOCs tested:
Date Phase III investigation completed:	Number of releases identified:
The 3-dimensional extent, spatial distribution, and temporal variation of COCs in all media [soil, groundwater, surface water, sediment, soil vapor, indoor air] is understood for all Release Areas?	<div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Date of Report:</div>
Bedrock aquifer investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide rationale:	
Are NAPLs present on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
List COCs detected in soil:	
List COCs detected in groundwater (indicate if bedrock or overburden aquifer):	
List substance(s) detected on-site attributed to a background condition; media in which substance(s) detected; and concentrations:	
Representative sampling has been conducted to demonstrate background conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater plume, originating from on-site source, migrating off-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completion of Investigation Transmittal Form (continued)Rem#: **PART II: SITE SUMMARY (continued)****Findings (continued)**

Remediation or some alternative means to demonstrate / achieve compliance with the RSRs is required		<input type="checkbox"/> Yes <input type="checkbox"/> No
RSR Criterion Exceeded:	<input type="checkbox"/> DEC <input type="checkbox"/> PMC <input type="checkbox"/> GWPC <input type="checkbox"/> SWPC <input type="checkbox"/> VoIC	
List COCs and concentrations for each criterion exceeded:		
If VoIC has been exceeded, has a survey been conducted to identify all occupied buildings (on-site and off-site) which overly the plume?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If VoIC has been exceeded, has a survey been conducted to identify all occupied buildings downgradient of plume which may be considered at risk?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide explanation for "No" answers:		
Number of occupied buildings overlying plume identified :		
Describe type of building use for each occupied building:		
Has vapor intrusion been assessed for each occupied building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment plan being developed	
Explain results:		

Completion of Investigation Transmittal Form (continued)

Rem#:

PART II: SITE SUMMARY (continued)

Potable Well Receptor Survey / Assessment

Date Potable Well Receptor Survey completed?

Radius of survey:

If not completed, explain:

Number of water supply wells identified:

Distance to nearest public water supply well from Release Area:

Distance to nearest private water supply well from Release Area:

List potable wells sampled, distance from Release Area, well construction, and indicate COCs detected:

Significant Hazard Notification filed?

☐ Yes

☐ No

Date filed:

List ecological receptors identified:

Ecological Risk Assessment completed

☐ Scoping

☐ Assessment

☐ Not conducted

(check all that apply):

Completion of Investigation Transmittal Form (continued)

Rem#:

PART II: SITE SUMMARY (continued)

LEP Approval

"In accordance with Section 22a-134a(g)(1) of the CGS, as amended by Public Act 07-233, I approve the information in Part II of this transmittal form and the attached documentation (as listed in Part I of this transmittal form) which demonstrate that the investigation of the above referenced parcel has been completed in accordance with prevailing standards and guidelines. My professional services have been rendered in accordance with the 'Rules of Professional Conduct' (Section 22a-133v-6 of the Regulations of Connecticut State Agencies)."

Printed Name of LEP

License Number

Signature of LEP

Date

Company:

Address:

City/Town:

State:

Zip Code:

Phone:

Affix Seal Here